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TX2012

Ver. 3.0 05-102
(Rev. 9-11-30)
■ Tcode 13196

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

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JCAN
454

■ Taxpayer number 13301547892	■ Report year 2012	You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at (800) 252-1381 or (512) 463-4600.		
Taxpayer name MORPHOTRAK, INC.		Secretary of State (SOS) file number or Comptroller file number 0009020606		
Mailing address 2850 SAFRAN DRIVE		City GRAND PRAIRIE	State TX	ZIP Code 75052
				Plus 4

Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office
SAME AS ABOVE

Principal place of business
SAME AS ABOVE



1330154789212

Please sign below! Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
DANIEL VASSY	PRESIDENT & CEO	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
JEAN-YVES GUEDON	SENIOR V.P.	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
CLARK NELSON	SENIOR V.P.	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of 10 percent or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company MORPHO USA, INC.	State of formation DE	Texas SOS file number, if any N/A	Percentage of ownership 100.00
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Registered agent and registered office currently on file. (see instructions if you need to make changes)	<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.
Agent: CT CORPORATION SYSTEM	

Office: 350 NORTH ST. PAUL STREET, STE 2900	City DALLAS	State TX	ZIP Code 75201
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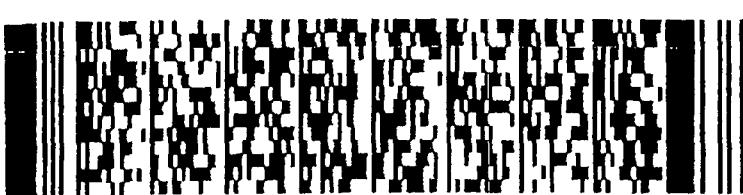
The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

Sign here: X **MARK LE MIRE** Title: **SR. VP & SECRETARY** Date: **11/15/2012** Area code and phone number: **(972) 606-7108**

Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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Taxpayer name

MORPHOTRAK, INC.

Mailing address

2850 SAFRAN DRIVE

Secretary of State (SOS) file number or
Comptroller file number

City

GRAND PRAIRIE

State

TX

ZIP Code

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Plus 4

0009020606

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Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
STEPHANE GUICHARD	V. P.	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE		State TX	ZIP Code 75052
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
'FLORIAN HEBRAS	VP, CFO & SECRETARY	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE		State TX	ZIP Code 75052
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m m d d y y
KATIE MURPHY	ASST. SECRETARY	<input type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE		State TX	ZIP Code 75052

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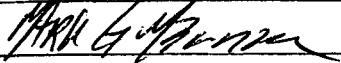
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Office:	City	State	ZIP Code

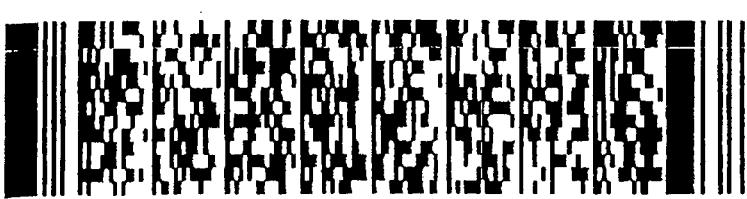
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Sign here  Title Date Area code and phone number

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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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13301547892	2012			
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Mailing address 2850 SAFRAN DRIVE		State TX	ZIP Code 75052	Plus 4
<input type="checkbox"/> Check box if there are currently no changes from previous year; If no information is displayed, complete the applicable information in Sections A, B and C.				
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SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director <input checked="" type="checkbox"/> YES	Term expiration	m m d d y y
JEAN-PAUL JAINSKY	CHAIRMAN	<input checked="" type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	
Name	Title	Director <input checked="" type="checkbox"/> YES	Term expiration	m m d d y y
'BERNARD DIDIER	DIRECTOR	<input checked="" type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	
Name	Title	Director <input checked="" type="checkbox"/> YES	Term expiration	m m d d y y
ROBERT DIEGELMANN	DIRECTOR	<input checked="" type="checkbox"/> YES		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052	

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Agent:			
Office:	City	State	ZIP Code

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sign here *Hank T. Parker* Title *Senior VP & Secretary* Date *1/30/2013* Area code and phone number *972-606-7104*

Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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GRAND PRAIRIEState
TXZIP Code
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Plus 4

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0009020606 Check box if there are currently no changes from previous year; If no information is displayed, complete the applicable information in Sections A, B and C.

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1330154789212

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director <input checked="" type="checkbox"/> YES	Term expiration
ALEX FAIN	CHAIRMAN	<input checked="" type="checkbox"/> YES	mm dd yy
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name MICHAEL KIRKPATRICK	Title DIRECTOR	<input checked="" type="checkbox"/> YES	mm dd yy
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name KHUSHROW, PRESS	Title DIRECTOR	<input checked="" type="checkbox"/> YES	mm dd yy
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052

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Sign here Mark G. Yeram Senior V.P. & Secretary 1/30/2013 972-602-7104

Texas Comptroller Official Use Only

VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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TX2012

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(Rev. 9-11-03)

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Mailing address
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City
GRAND PRAIRIE

State
TXZIP Code
75052Plus 4

Secretary of State (SOS) file number or
 Comptroller file number
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Name	Title	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
PATRICK SAMIER -	CHAIRMAN		
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name JOHN J. YOUNG, JR.	Title DIRECTOR	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 2850 SAFRAN DRIVE	City GRAND PRAIRIE	State TX	ZIP Code 75052
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

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Sign here *Hall G. Johnson* Title **Senior VP & Secretary** Date **11/30/2013** Area code and phone number **972-600-7104**

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VE/DE	<input type="radio"/>	PIR IND	<input type="radio"/>
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